CENTE		H AND HUMAN SERVICES E & MEDICAID SERVICES	45	1/17/12	FORM OMB NO): 12/05/20 1 APPROVE): 0938-03
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	NG	(X3) DATE S COMPL	
		445303	B. WING		12/0	03/2012
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	1 121	10,2012
IVORRIS	TEALTH AND KEHA	BILITATION CENTER	- 1	ANDERSONVILLE, TN 37705		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
F 000	INITIAL COMMEN	T\$	F 000	F157		
		ì		How will corrective action be	;	
ĺ	An annual recertifi	ication survey and complaint		accomplished for those reside	ents	
ļ	investigation #3074	49, #30688, #30316, and		found to have been affected b		
	through December	pleted on November 26, 2012, 3, 2012. No deficiencies were		deficient practice?	-	
į.	and #30185 Defic	nplaint investigation #30316 iencies were cited related to		MD of resident #119 was notified	on	
		ation #30749 and #30688		11/28/12 that the BMP ordered 11		
i	under CFR Part 48	3.13, Requirements for Long		was not obtained. Further orders		
F 457	Term Care Facilitie	1		received and implemented on 11/2	28/12.	j
	483.10(b)(11) NOT (INJURY/DECLINE		F 157			
33-0	(MOOTT TO LOCKING	JACON, ETC)		Resident #4 no longer resides in the	he	
ŀ	A facility must imm	ediately inform the resident;		facility.		
ļ	consult with the res	sident's physician; and if				
	known, notify the re	esident's legal representative nily member when there is an		How will the facility identify oth		
!	accident involving t	he resident which results in potential for requiring physician		residents as having the potential affected by the same deficient p		
	intervention; a signi	ificant change in the resident's		Parista de caractela de la Caractela La Caractela de Cara	. 41	ĺ
i	physical, mental, or	psychosocial status (i.e., a		Residents with orders for labs have potential to be affected.	e ine	
	deterioration in hea	Ith, mental, or psychosocial		An audit of MD ordered labs will	he.	
		threatening conditions or ns); a need to alter treatment		conducted by members of nursing		
		need to discontinue an		management (Director of Nursing		<u> </u>
1	existing form of trea	itment due to adverse		Development Coordinator and Nu		
		o commence a new form of		supervisor) to identify if any labs		
		cision to transfer or discharge		missed to assure timely notification	n of the	
	the resident from th §483.12(a).	e facility as specified in		MD. This will be completed on 12/14/2012		
		so promptly notify the resident	:		atantin1	
		esident's legal representative member when there is a		Residents with wounds have the p to be affected.	otennai	
		commate assignment as		to be arrected.		
		5(e)(2); or a change in		An audit of residents with wounds	will be	
	resident rights unde	r Federal or State law or		conducted by members of nursing	I .	
١	regulations as speci	ified in paragraph (b)(1) of		management to determine	·	
DRATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN/	1	admer Skeetor		(X6) DATE

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days illowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DEPAR	TMENT OF HEALTH	HAND HUMAN SERVICES			, ,): 12/05/2012 1 APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					. 0938-0391
ND PLAN (T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY ETED
		445303	B. Wii	NG _		120	12/2042
NAME OF F	ROVIDER OR SUPPLIER			ST	DEST ADDRESS SITV STATE 710 CODE	12/0	03/2012
NORRIS	HEALTH AND REHAE	BILITATION CENTER] 3	REET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECT	TION	1 000
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 157	Continued From pa	ge 1	F -	167		-	
	this section.	90.	F	157	if a debridement procedure has b	een]
	and dodgon.				performed by the MD to assure the		
	The facility must red	cord and periodically update			family/responsible party was not		
	the address and pho	one number of the resident's			This was completed on 12/14/12		1
	legal representative	or interested family member.					
					What measures will be put in p		
ļ	71: 050.40				systemic changes made to ensu	re that	
		IT is not met as evidenced			deficient practice will not recui		! !
İ	by:	copped routeur families and					
	review and intention	record review, facility policy w, the facility failed to notify			The Staff Development Coordina	ıtor	
	the physician labora	itory tests were not completed			(SDC)and members of nursing		
	as ordered by the pl	hysician for one (#119), and			management will educate license	d nurses	
į	failed to notify the re	esident's family of a medical			regarding notification of the phys		i I
	procedure for one (#	44) of forty-one residents			when a lab is not obtained as order		! 1
	reviewed.	, , , , , , , , , , , , , , , , , , , ,			the MD. Education will be comp		i i
ļ			•		12/22/12. Any nurse not complete		
	The findings include	d:			education will be educated prior		i I
ļ	D :1				next scheduled shift.		
ļ	Resident #119 was :	admitted to the facility on		i	,		!
İ	Carebravageular Ass	ith diagnoses including			On 12/12/12 the Medical Directo	r and the	
	Depression, and Psy	cident, Hypertension,			Director of Nursing were educate		ļ į
	Depression, and 1 s	yeriosis.		İ	Regional Clinical Director regard	•	
	Medical record revie	w of a physician's order			notification of family/responsible	_	
i	dated November 15,	2012, revealed "BMP		ļ	for debridement of wounds.	party	
İ	(Basic Metabolic Pro	ofile) stat (immediately)"			tor deoridement of wounds.		
					Members of nursing management		·
		w revealed no laboratory			reconcile MD ordered labs daily l		
į	results for the BMP of	on November 15, 2012.		j	- Friday and by a charge nurse or		i
į.	Davidson of the control			;	weekend when applicable.	i tiic	ļ
-	Review of facility pol	icy, Laboratory Management,			weekend when applicable.	_]
	revealed "Dally fed	conciliation by a designated		į	If any lab is datai		1
		alidate that the attending		į	If any lab is determined to have b		[
NORRIS (X4) ID PREFIX TAG F 157	notified timely of the	red the lab tests have been		f	missed, the MD will be notified w	vnen	ŀ
	nounce unery or the	results			identified for further orders.		
ļ	Interview on Novemb	per 28. 2012. at 4:05 p.m.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/05/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 445303 12/03/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NORRIS HEALTH AND REHABILITATION CENTER 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ŧD PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 2 F 157 When MD determines that debridement of with the Director of Nursing, in the Staff wound is necessary, the family/ Development Office, confirmed the BMP was not responsible party will be notified of obtained on November 15, 2012, as ordered by procedure. the physician, and the physician was not notified until today (November 28, 2012). Members of nursing management will audit 10% of charts of residents with lab Resident #4 was admitted to the facility on orders to assure that the MD has been September 10, 2012, with diagnoses including notified timely of any missed lab. This Anoxic Brain Injury, Respiratory Failure. will occur weekly for 4 weeks then Paraplegia, Chronic Obstructive Pulmonary monthly for 2 additional months for a Disease, Neurogenic Bladder, History of Hepatitis total of 3 months. C, Osteomyelitis, Seizure Disorder, and Pressure Ulcers. Members of nursing management will Medical record review of the admission Minimum review wound documentation weekly for Data Set dated September 17, 2012, revealed the 4 weeks, then monthly for 2 additional resident had short and long term memory months to assure that appropriate problems, and severely impaired cognitive skills. notification of family/responsible occurred appropriately if debridement of a Medical record review of the Weekly Pressure wound was performed. Ulcer Record dated September 11, 2012. revealed the resident was admitted with an How will facility monitor its corrective unstageable wound on the coccyx measuring 9.0 actions to ensure that the deficient cm. (centimeters) x 14.0 cm. x 0.5 cm. practice will not recur? Medical record review of a physician's note dated

cover BID."

September 26, 2012, revealed "...I was on wound

rounds to inspect the sacrum which had begun to

open...sacral pressure ulcer Stage IV. The dark

leathery eschar deteriorated to liquid beneath so

dead or damaged tissue). Continue current

Sharp debrided black eschar revealing liquid necrotic black discharge and soft material. Cleanse, santyl, 1/4 strength Dakins, wet to dry,

treatment orders BID (twice a day)...Summary:

some eschar was sharp debrided (the removal of

Committee.

Results of the audits will be presented to

Improvement Committee (QAPI) by the

compliance is determined by the QAPI

Director of Nursing/designee for a period

the Quality Assurance Performance

of three months or until substantial

Date of compliance: 01/02/13.

- CONTINUE BIONING	1	.,			OMB NO). 0938-039 [,]
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	445303	B. WIN	IG		1	00/0040
			338	B2 ANDERSONVILLE HIGHWAY IDERSONVILLE, TN 37705	_	03/2012
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		×	(EACH CORRECTIVE ACTION SHOP	JLD BE	(X5) COMPLETION DATE
i :		F 1:	57 F	281		
Interview on Novem with the physician, i office, confirmed the notified of the debrid September 26, 2012	was notified of the dure. dure. ber 29, 2012, at 2:05 p.m., n the Director of Nursing's e resident's family was not dement performed on		ac fo de Ro	ccomplished for those resident ound to have been affected beficient practice? esident #154 Vitamin D2 50,000 rders were clarified with the MD	ents by the unit's	
The services provide must meet profession. This REQUIREMEN by: Based on medical rethe facility failed to foone resident (#154) or reviewed. The findings included Resident #154 was a November 9, 2012, we preumonia, Diabetes and Atrial Fibrillation. Medical record review November 9, 2012, re	TANDARDS ed or arranged by the facility anal standards of quality. T is not met as evidenced ecord review and interview, and interview, and forty-one residents d: dmitted to the facility on with diagnoses including and an expectation of physician orders dated evealed the resident was to	F 28	Re had all Re we add was W Syde	esidents as having the potential fected by the same deficient procession of the potential fected by the same deficient procession of the potential to be affected by leged deficient practice. The esidents with monthly medication are reviewed to assure proper liministration per the MD order. The assure completed on 12/13/12 That measures will be put in play stemic changes made to ensure efficient practice will not recur? The esidents with monthly medication are completed on 12/13/12 That measures will be put in play stemic changes made to ensure efficient practice will not recur? The esidents requiring monthly medication are considered to the procession of the proces	to be ractice? cations y this n orders This ace or e that by the embers per	
	PROVIDER OR SUPPLIER HEALTH AND REHAM SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Medical record reviet the resident's family debridement proced Interview on Novem with the physician, in office, confirmed the notified of the debrie September 26, 2012 C/O #30688 483.20(k)(3)(i) SERY PROFESSIONAL S' The services provide must meet profession This REQUIREMEN by: Based on medical re the facility failed to fo one resident (#154) or reviewed. The findings included Resident #154 was a November 9, 2012, re preceive Vitamin D2 56 Teceive Vitamin D2 56	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Medical record review revealed no documentation the resident's family was notified of the debridement procedure. Interview on November 29, 2012, at 2:05 p.m., with the physician, in the Director of Nursing's office, confirmed the resident's family was not notified of the debridement performed on September 26, 2012. C/O #30688 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow physician's orders for one resident (#154) of forty-one residents reviewed. The findings included: Resident #154 was admitted to the facility on November 9, 2012, with diagnoses including Pneumonia, Diabetes, Congestive Heart Failure, and Atrial Fibrillation. Medical record review of physician orders dated November 9, 2012, revealed the resident was to receive Vitamin D2 50,000 units once a month on recommenders.	A BUIL A SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Medical record review revealed no documentation the resident's family was notified of the debridement procedure. Interview on November 29, 2012, at 2:05 p.m., with the physician, in the Director of Nursing's office, confirmed the resident's family was not notified of the debridement performed on September 26, 2012. C/O #30688 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow physician's orders for one resident (#154) of forty-one residents reviewed. 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Medical record review of physician orders dated November 9, 2012, revealed the resident was to receive Vitamin D2 50,000 units once a month on the sum of the sum of the profession or the sum of the profession or the sum of the precision of the sum of the precision or the sum of the precision or the sum of the precision of the sum of the precision of the sum of the precision of the sum of the precision of the sum of the precisio	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303 PROVIDER OR SUPPLIER HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 F 157 IF Medical record review revealed no documentation the resident's family was notified of the debridement procedure. Interview on November 29, 2012, at 2:05 p.m., with the physician, in the Director of Nursing's office, confirmed the resident's family was not notified of the debridement performed on September 26, 2012. C/O #30688 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow physician's orders for one resident (#154) of forty-one residents reviewed. The findings included: Resident #154 was admitted to the facility on November 9, 2012, with diagnoses including Pneumonia, Diabetes, Congestive Heart Failure, and Atrial Fibrillation. Medical record review of physician orders dated November 9, 2012, revealed the resident was to eccive Vitamin D2 50,000 units once a month on incomplete in the procession of the province of the province in the prov	TOP DEFICIENCIES OF CORRECTION A SUID PROVIDER SUPPLIER SHEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Medical record review revealed no documentation the resident's family was notified of the debridement procedure. Interview on November 29, 2012, at 2:05 p.m., with the physician, in the Director of Nursing's office, confirmed the resident's family was not notified of the debridement performed on September 26, 2012. C/O #30688 The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow physician's orders for one resident (#154) of forty-one residents reviewed. The findings included: What measures will be put in pile systemic changes made to ensure deficient practice will not recur? What measures will be put in pile systemic changes made to ensure deficient practice will not recur? Licensed Nurses will be educated Staff Development Coordinator/mw conveniency 9, 2012, revealed the resident was to receive Vitamin D2 50,000 units once a month on on administration of monthly medication for mursing management on the programming management on the programming coordinator/my was completed on 12/13/12	A BUILDING A BOULDING A BOULDING A BUILDING A BOULDING A BOULDING A BUILDING A BOULDING A BOUL

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA		IULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY	
,	O CORRECTION	IDENTIFICATION NUMBER:	A. BUI	A. BUILDING			ETED
·		445303	B. WIN	NG_		12/	03/2012
	PROVIDER OR SUPPLIER HEALTH AND REHAL	BILITATION CENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705		55/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 281	Medical record review Medication Record 50,000 units was acount 26, 2012.	ew of the November 2012, revealed the Vitamin D2 Iministered on November 19	F 2	281	This will be completed by 12/22, licensed nurse not completing the education will be educated prior scheduled shift.	e to next	
F 323 SS=D	with Licensed Practi	ber 29, 2012, at 8:39 a.m., ical Nurse #3, at the nursing ne physician's orders were not ACCIDENT //SION/DEVICES	F 3:	23	Members of nursing management audit 10% of residents with montmedication orders weekly for 4 with the monthly for 2 additional mossure proper administration as oby the MD.	thly reeks nths to	
	environment remain as is possible; and e	sure that the resident s as free of accident hazards each resident receives n and assistance devices to			How will facility monitor its coactions to ensure that the defici practice will not recur?	ent	
	by: Based on medical refacility investigation, the facility failed to el	T is not met as evidenced ecord review, review of the observation, and interview, nsure a safety device was in of forty-one residents		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Results of the audits will be present the Quality Assurance Performan Improvement Committee (QAPI) Director of Nursing/designee for of three months or until substantic compliance is determined by the Committee. Date of compliance:01/02/2013	ce by the a period	
	The findings included	i:			F323		
	October 3, 2012, with	athy, Senile Dementia,			How will corrective action be accomplished for those reside found to have been affected be deficient practice?	ents	
		v of a fall risk assessment 12, revealed the resident					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/05/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 8. WING 445303 12/03/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY NORRIS HEALTH AND REHABILITATION CENTER ANDERSONVILLE, TN 37705 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 5 F 323 On 12/11/12 resident #134 was observed was at high risk for falls. by the Director of Nursing to have personal alarm in place per the resident's Medical record review of the care plan dated care plan. October 11, 2012, revealed "...Chair alarm 10/13/12 (clip) 11/15/12 (pressure pad)..." Review of the facility investigation dated How will the facility identify other November 22, 2012, revealed "...(resident) was residents as having the potential to be sitting in w/c (wheelchair) in room when last affected by the same deficient practice? observed at 11:20 am. At 11:55 am res. (resident) states...got tired of sitting and stood up. Residents with personal alarms have Res. states feet got caught in w/c pedals and...fell potential to be affected. against closet door and slid to floor...(no injury) Res has chair alarm and pressure pad which were not attached to resident...staff educated Residents with personal alarms ordered about placement of bed/chair alarms and were observed to assure that the alarms pressure pads..." were in place per the care plan.

Observation on November 28, 2012 at 8:45 a.m., revealed the resident seated in a w/c in the resident's room with a pressure pad alarm.

Interview on November 28, 2012, at 11:30 a.m., with the Director of Nursing, in the Staff Development Office, confirmed the alarm was not in place at the time of the fall on November 22, 2012.

SS≃D

F 502 | 483.75(j)(1) ADMINISTRATION

The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.

This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy

This will be completed by: 12/13/2012

What measures will be put in place or systemic changes made to ensure that deficient practice will not recur?

The Staff Development Coordinator and members of nursing management will educate licensed nurses and resident care specialist (Certified Nursing Assistants) regarding placement of personal alarms per the residents care plan. Education will be completed by 12/22/12. Licensed nurses and resident care specialist who do not complete the education will be educated prior to next scheduled shift.

ORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 0HKP11

Facility ID: TN0103

F 502

If continuation sheet Page 6 of 11

		AND HUMAN SERVICES				PRINTE: FORI	D: 12/05/2012 M APPROVED	
	T OF DEFICIENCIES	& MEDICAID SERVICES		_		OMB N	<u>0. 0938-0391</u>	
AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL		IPLE CONSTRUCTION 1G	(X3) DATE COMP	SURVEY LETED	
		445303	B. WIN	IG_)		
NAME OF I	PROVIDER OR SUPPLIER		- 			12/	03/2012	
	HEALTH AND REHAE			3	REET ADDRESS, CITY, STATE, ZIP CODE 382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 502	Continued From pag					<u>.</u>		
	review, and interview laboratory tests as cone (#119) of forty-cone (#11	w, the facility failed to obtain ordered by the physician for one residents reviewed. d: admitted to the facility on ith diagnoses including cident, Hypertension, vchosis. w of a physician's order 2012, revealed "(increase) grams) 1 po (by mouth) BID (Basic Metabolic Profile) on w revealed no laboratory on November 12, 2012. w of the physician's progress er 13, 2012, revealed drawn this AM but rejected ix 60 mg q (every) AM, cont	F 50		Members of nursing managemen audit 10% of residents with alarm (Monday-Friday) to ensure place the resident plan of care weekly it weeks then monthly for 2 addition months to assure alarm placemen resident's care plan. Ambassadors will observe resident have personal alarms for placementhe residents care plan Monday-F. How will facility monitor its connections to ensure that the deficit practice will not recur? Results of the audits will be presented Quality Assurance Performance Improvement Committee (QAPI) Director of Nursing/designee for a of three months or until substantial compliance is determined by the Committee.	ns daily ment per for 4 nal t per the nts who nt per riday. rective ent nted to be by the a period cl		
1	Medical record reviev dated November 15, . (immediately)"	v of a physician's order 2012, revealed "BMP stat]]	Date of compliance: 01/02/2013 F502			
	Medical record review results for the BMP or Review of the facility (revealed no laboratory n November 15, 2012.		1	How will corrective action be accomplished for those reside found to have been affected b			
1	Management, reveale consistent time by a d	d "Daily reconciliation at a esignated Licensed idate that requested labs			deficient practice?			

PRINTED: 12/05/2012 FORM APPROVED OMB NO 0938-0391

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445303	B, WII	NG_		12/0	3/2012
NAME OF PROVIDER OR SUPPLIER NORRIS HEALTH AND REHABILITATION CENTER			3	REET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X6) COMPLETION DATE
SS=E	documentation in the Book or designated Interview on Novem with the Director of Development Office obtained on Novem the physician. Interview on Novem with the Director of Development Office obtained on Novem the physician. 483.75(I)(1) RES RECORDS-COMPLLE The facility must mare resident in accordant standards and practice accurately document systematically organ. The clinical record minformation to identification to identifications or services provided; the services provided; the services provided; the services provided; the services provided in the services provided; the services provided; the services provided; the services provided; the services provided in the services provided; the services provided in the services provided; the services provided in t	ne Laboratory Request Log record" The 28, 2012, at 1:30 p.m., Nursing, in the Staff e, confirmed the BMP was not the 12, 2012, as ordered by the 28, 2012, at 4:05 p.m., Nursing, in the Staff e, confirmed the BMP was not ber 15, 2012, as ordered by the 15, 2012, as ordered by the ETE/ACCURATE/ACCESSIB aintain clinical records on each nice with accepted professional tices that are complete; and nized. The plan of care and the results of any ning conducted by the State;		514	obtained for resident #119 an Physician was notified of the on November 28 th , 2012. How will the facility identify or residents as having the potent affected by the same deficient Residents who have orders for lather potential to be affected.	ther fal to be practice? abs have nt will who have if labs ers. 2012 place or are that r?	
	by: Based on medical r the facility failed to n	T is not met as evidenced ecord review and interview, naintain complete medical dents (#4, #42, #100, #80) of eviewed.			Licensed nurses will be educated daily reconciliation of labs processure the completion per MD on Education will be completed by Licensed Nurses who do not conceducation will be educated prior next scheduled shift.	l on the ess to rder. 12/22/12. aplete the	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 0HKP11

Facility ID: TN0103

If continuation sheet Page 8 of 11

STATEMEN AND PLAN C	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445303	B. WII	NG_		12/0	3/2012
NAME OF PROVIDER OR SUPPLIER NORRIS HEALTH AND REHABILITATION CENTER			ļ	3	REET ADDRESS, CITY, STATE, ZIP CODE 382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705		
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F 514	September 10, 2012 Anoxic Brain Injury, Paraplegia, Chronic Disease, Neurogen C, Osteomyelitis, Sc Ulcers. Medical record revie dated September 12 order sacral ulcer S Santyl, cover with 22 cover with absorber dressing twice a day Medical record revie 2012, Treatment Re documentation tread sacral ulcer on the 2 shift on September Interview on Novem with Licensed Practi Staff Development O responsible for the v until 10:00 p.m., shi 21, and 25, 2012. C LPN #2 had comple September 16, 19, 2 however, confirmed the wound care was Resident #42 was a March 8, 2006, with	dmitted to the facility on 2, with diagnoses including Respiratory Failure, cobstructive Pulmonary ic Bladder, History of Hepatitis eizure Disorder, and Pressure ew of a physician's order 2, 2012, revealed "Treatment tage IV cleanse, pat dry, apply a strength Dakins on gauze, at dressing and change y" ew of the September 10-30, ecord revealed no tement was provided to the 2:00 p.m., until 10:00 p.m., 16, 19, 20, 21, and 25, 2012. The september 10-30, ecord revealed LPN #2 was wound care on the 2:00 p.m., ical Nurse (LPN) #2 in the Office, revealed LPN #2 was wound care on the 2:00 p.m., ft, on September 16, 19, 20, continued interview revealed ted the wound care on 20, 21, and 25, 2012, there was no documentation is completed. dmitted to the facility on	F	514	Members of nursing managementhe laboratory reconciliation logs (Monday-Friday) for 4 weeks, the monthly for 2 additional months ongoing process of lab review with incorporated into the morning climeeting Monday – Friday. How will facility monitor its coactions to ensure that the deficing practice will not recur? Results of the audits will be presented Quality Assurance Performant Improvement Committee (QAPI) Director of Nursing/designee for of three months or until substantic compliance is determined by the Committee. Date of compliance01/02/2013 F514 How will corrective action be accomplished for those resided found to have been affected a deficient practice? Resident #4 no longer resides facility.	s daily len . An ill be inical rrective ient ented to nce) by the a period ial QAPI ents by the	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI ND PŁAN OF CORRECTION IDENTIFICATION NUMBE		I' 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			JRVEY TED
	ı	445303	a, win	1G_		12/0	3/2012
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F 514	revealed no documor refused hs (bedti 11, 16, 21, 23, 24, a Interview on Decement of Development Office the resident accept November 4, 11, 16 Resident #100 was 30, 2012, with diagra Rhabdomolysis, An Review of the Meal documentation the hs snacks on Novel 25, 2012. Interview on Decement Door of the Don, in the State Confirmed no documentation the polymer of the Meal documentation the polymer of the Meal documentation the hs snacks on Novel 2012.	ew of the Meal Detail Report entation the resident accepted me) snacks on November 4, and 25, 2012. Ther 3, 2012, at 1:30 p.m., with sing (DON), in the Staff e, confirmed no documentation ed or refused hs snacks on 3, 21, 23, 24, and 25, 2012. The admitted to the facility on July noses including emia, and Morbid Obesity. Detail Report revealed no resident accepted or refused mber 11, 16, 21, 23, 24, and ther 3, 2012, at 1:30 p.m., with aff Development Office, mentation the resident the snacks on November 11, 15, 21, 23, 24, and the snacks on November 11, 25, 2012, at 1:30 p.m., with a snacks on November 11, 25, 2012, at 1:30 p.m., with a snacks on November 11, 25, 2012, at 1:30 p.m., with 3	F	514	Residents #42, #100, #80 are being offered snacks nightly a acceptance or refusals are being documented by nursing staff in Caretracker. How will the facility identify or residents as having the potential affected by the same deficient. Residents with wound treatment have potential to be affected by alleged deficient practice. An audit of December 2012 TAl current residents with wound treorders was conducted by member nursing management to determine failure to document the wound to This will be completed by 12/17. Residents that are not NPO have to be affected by this alleged delipractice. An audit of HS snack document: Caretracker was conducted by most of nursing manage to determine failure to document the acceptant refusal of the HS snack. This was completed by	ther al to be practice? orders chis Rs of atment ers of he any reatment. /2012 potential licient ation in hembers any hee or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445303	B. WING 12/		12/0	3/2012	
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F 514	the DON, in the Sta confirmed no docur	off Development Office, mentation the resident d hs snacks on November 21,	F	514	What measures will be put in paystemic changes made to ensure deficient practice will not recurred. The Staff Development Coordinator/members of nursing management will educate licens regarding the required document residents with orders for wound treatments. This will be comple 12/22/12. Licensed nurses who complete the education will be exprior to their next scheduled shift. The Staff Development Coordinator/members of nursing management will educate license and resident care specialist regard documentation requirement of Edulivery. Licensed nurses and recare specialist who do not compeducation will be educated prior scheduled shift. Members of nursing management audit treatment administration recorders daily (Monday-Friday) to determine if any treatments done failed to be documented. The linurse responsible will be contact clarification. This will occur we weeks then monthly for 2 additionnoths.	tre that r? ded nurses tation for te by do not ducated ft. ged nurses rding the IS snack esident lete the to next at will ecords of tatment e were censed ted for tekly for 4	